

## TITLE 7 - AGRICULTURE

CHAPTER XVIII - FARMERS HOME ADMINISTRATION  
DEPARTMENT OF AGRICULTURE

## SUBCHAPTER S - PERSONNEL

## PART 2069 - SAFETY AND INJURY COMPENSATION

## Subpart B - Employee Injuries - Reporting and Compensation

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PART 2069 - SAFETY AND INJURY COMPENSATION

§2069.51 General.

(a) The Federal Employees Compensation Act (FECA) provides compensation and medical care to Federal employees for disability due to injury, illness or disease sustained in the performance of official duties. In the event of death, compensation may also be paid to dependents. This Subpart outlines the benefits of the FECA, tells how to report injuries and the responsibilities of supervisors and administrative officials.

(b) The FECA is administered by the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Therefore, final decisions relative to the approval or disapproval of all FECA claims are made by the U.S. Department of Labor.

(c) Employees have no right to recover damages from the United States Government for the effects of job-related injury, illness or disease except through the FECA. The FECA provides penalties for failure to make required reports and for filing false claims.

§2069.52 Benefits provided by the Compensation Act.

(a) Persons eligible. All FmHA employees, including Comprehensive Training and Employment Act (CETA) and County Committeeperson, are covered by the FECA while in the performance of official duties. This coverage also applies to travel authorized by the Farmers Home Administration (FmHA) and to employees who have been relieved from their regular duties to serve as Federal grand or petit jurors. In the majority of instances employees are not covered while going to and from work. The FECA will usually cover employees when they take coffee or lunch breaks if such breaks are taken on the employing agency's premises (owned or leased). Coverage may be extended to employees while on coffee breaks off the premises if it is a general practice for most employees to take the break off the premises with the consent (written or implied) of the supervisor and no facilities are available on the premises.

(b) Forfeiture of benefits. Benefits cannot be paid if the disability is caused by willful misconduct, intent to cause injury to oneself or another, if intoxication is the proximate cause of disability or death or if one deviates from course of travel to conduct personal business.

(c) Medical care. Free medical care, including hospitalization will be provided to employees who sustain a job-related injury, illness or disease. Employees may request reimbursement for reasonable transportation expenses needed to obtain medical treatment. Neither sick, annual

nor traumatic injury leave is charged for emergency treatment or examination which occurs on the same day of injury. However, the loss of time should be recorded on the Form AD-321-3, "Time and Attendance Report," by using Transaction Code "66." Employees have the initial choice of selecting a duly qualified local physician or hospital (normally within a radius of 25 miles); subsequent changes in physician must be approved by the Office of Workers' Compensation Programs. The definition of physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. Reimbursable services of a chiropractor are limited to treatment consisting of manual manipulation of the spine to correct a dislocation as demonstrated by X-ray.

Medical appliances, supplies or prostheses recommended by the attending physician will be provided if likely to cure, give relief or reduce the degree or period of an employee's disability.

There is no provision for reimbursement for loss of personal property under the FECA. Employees may claim reimbursement for noncovered personal property under the Military and Civilian Personal Property Act of 1964, 31 U.S.C. 240. Additional information may be obtained from the Director, Business Services Division.

§2069.53 Type of injuries.

(a) Traumatic injury. A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member or function of the body affected; and be caused by a specific event or incident or series of events or incidents within a single day or work shift. Traumatic injuries also include damage or destruction to prosthetic devices or appliances exclusive of eyeglasses and hearing aids damaged incidental to a personal injury requiring medical services. Examples of traumatic injuries are cuts, bruises and fractures. Bee stings, poison oak, poison ivy, back strain, etc. are considered traumatic so long as the injury is the result of an occurrence during one work day.

(b) Occupational disease or illness. Occupational diseases or illnesses are produced by systemic infections; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc., or other continued and repeated exposure to conditions of the work environment over a long period of time. Examples include nervous condition, emphysema, arthritis, and dermatosis.

§2069.54 Reporting requirements and instructions.

(a) Form CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation." When an employee sustains a job-related traumatic injury as defined in §2069.53(a), the official supervisor should be immediately informed. Therefore, as quickly as possible, the CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," should be accurately completed by the employee or someone on their behalf and promptly provided to the supervisor. If the injury was sustained while on official travel, an attachment to the Form CA-1 should be prepared which includes the information outlined in Exhibit A of this instruction. This statement should be signed by the employee and the supervisor. If the employee is away from the regular duty station, the report of injury should be made to the supervisory official at the temporary duty station. Notification should also be made to the regular supervisory official.

(b) Medical treatment. When a supervisory official has been notified of an employee's traumatic injury and medical treatment is necessary, it should be obtained immediately. Simultaneously, or as soon as possible thereafter, the employee should be issued a Form CA-16, "Request for Examination and/or Treatment," and a Form CA-1333, "Federal Employees' Compensation Program Medical Provider's Claim Form." See §2069.70 and Exhibit B for additional information regarding completion and distribution instructions. The supervisor should also refer to §2069.57 of this instruction and make a determination as to whether the employee is eligible and should be granted or denied Continuation of Pay. The Employment Officer should be contacted for assistance in making this determination. (Revised 7-14-82, PN 839.)

(c) Fatality. If the injury results in a fatality, see §2069.70(b) for guidance concerning additional reporting requirements.

(d) Supervisory portion of USDA Modified Form CA-1. When the supervisor is notified that an employee has sustained a traumatic injury, the Supervisory portion of a USDA Modified Form CA-1 must be prepared within 7 days of the accident. See RD Instruction 2042-B, §2042.55, for additional information. (Revised 7-25-84, PN 937.)

(e) Form CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation." When an employee believes that a medical condition or problem exists that could be job-related, the matter should be brought to the attention of the supervisor at once. In occupational disease or illness cases, the burden of proof is on the claimant to establish by medical and factual evidence that the employment caused or aggravated the condition.

(f) Medical Authorization. The Office of Workers' Compensation Programs requires supervisory officials to contact the appropriate OWCP District Office for authorization prior to issuing Form CA-16 in cases involving occupational disease and/or illness. The employee's official headquarters location will determine which OWCP office will process the claim. See Exhibit D for the telephone number of the appropriate OWCP District Office.

(1) Upon receiving notice that an employee has sustained an occupational disease or illness, the supervisor will promptly:

(i) Furnish the employee with Form CA-2, "Federal Employee's Notice of Occupational Disease and Claim for Compensation."

(ii) Advise the employee to furnish supporting medical and factual information as requested on the Instruction Sheet attached to Form CA-2.

(iii) Complete the proper portions and submit Form CA-2 promptly to the Employment Officer. If possible, the medical information should be furnished at the same time.

(iv) Advise the employee of the right to elect sick or annual leave or use leave without pay pending adjudication of the claim by OWCP.

(2) Within 7 days of receipt of USDA Modified Form CA-1 by an injured employee, the supervisor will properly complete and distribute Form CA-1 in accordance with RD Instruction 2042-B, §2042.55. (Revised 7-25-84, PN 937.)

(g) Form CA-4, "Claim for Compensation on Account of Occupational Disease." In those cases wherein an occupational disease results in (1) loss of pay for more than three (3) days or (2) permanent disability, the supervisor should have the employee complete Form CA-4 for submission to the appropriate OWCP District Office (see Exhibit D). Note: this form includes as an attachment Form CA-20, "Attending Physician's Report."

(h) Form CA-2a, "Notice of Recurrence of Disability." In some cases an employee may return to work and problems arise which result in the need for additional medical treatment due to a prior injury or occupational disease which has been previously reported. In such instances the supervisor should submit Form CA-2a to the appropriate OWCP District Office (see Exhibit D).

(i) Form CA-3, "Report of Termination of Total or Partial Disability and/or Payment." When an employee recovers from his/her disability and/or returns to work, the supervisor should use this form to notify the appropriate OWCP District Office (see Exhibit D).

§2069.55 Privacy Act of 1974.

(a) All records, files, medical reports, statement of witnesses and other papers relating to an injury are OWCP property and should be considered confidential. They cannot be used in court without written OWCP permission.

(b) The OWCP has prepared a "Privacy Act Notice" (See Exhibit C) which should be duplicated and provided to each employee along with each Form CA-1 and Form CA-2.

§2069.56 Federal health benefits exclusion clause. Federal Health Benefit Insurance carriers have an exclusion clause regarding workers' compensation injuries, and these plans will not pay medical expenses if a job-related injury disease or illness is involved. However, notification may be made to the health benefits carrier clearly explaining that a claim has been filed with OWCP. This action will insure that time requirements for filing claims will be met in the event that OWCP disapproves the claim.

§2069.57 Continuation of Pay (COP)

(a) Definition. COP is the special leave that is granted, without charge to sick or annual leave, to an employee who has suffered a jobrelated traumatic injury. It is not compensation and is paid directly through FmHA. COP is subject to all of the usual deductions made from an employee's salary, i.e., Federal and State taxes; health benefits; life insurance and any other deductions the employee usually has taken from his/her salary check. COP is granted solely for portions of time loss from work to obtain medical treatment or recover due to a job-related injury, i.e., recuperation, doctor's visits, therapy or X-rays.

(1) Medical evidence. The OWCP always requires the submission of detailed medical reports prior to paying any medical bills or compensation payments. Medical evidence is also required to support the granting of COP. Initially when an employee sustains a traumatic injury COP may be granted for the employee to obtain emergency medical care. In this instance, it is acceptable to allow the employee to provide the evidence after COP has been granted. However, in those instances wherein an employee is required to make followup visits to obtain additional medical treatment, therapy etc., COP should not be granted until written documentation is provided which demonstrates that the visit was completed, its purpose and a prognosis if additional visits are necessary.

(2) Form CA-17, "Duty Status Report". This form should be provided by the supervisor to the employee to document followup visits to the physician. When properly completed this form provides a brief interim medical statement which will meet the requirements outlined in the above paragraph. However, the physician may provide this information on his/her letterhead stationery if the necessary data is included. If the employee does not submit this information, COP should not be granted until the proper data is provided. Therefore, this may necessitate charging the employee leave (sick, annual or leave without pay). However, when the proper documentation is provided the leave records should be corrected and COP granted. This procedure insures that COP granted for followup visits is properly documented and protects against abusing the use of COP.

(b) To qualify initially for COP the employee must meet the following criteria:

- (1) Be a FmHA salary recipient and employed under appointment;
- (2) Sustain a valid job-related traumatic injury; and
- (3) File a written report (Form CA-1) within 30 days of the date of injury.

(c) Dates of eligibility. The employee does not use COP for time loss on the Date of Injury (DOI). COP begins the day following the DOI. The only exception to this rule is when the employee is on agency premises at the start of a workday and has not officially begun his/her regular tour of duty. Example: Employee arrives at work 7:30 a.m. (regular tour of duty begins at 8:00 p.m.) Employee injured in cafeteria at 7:45 a.m. which results in injury which causes employee to be unable to start work. In this instance COP would begin on the date of injury. The first day of COP must be taken within six months from the day of injury. Example: Employee injured January 10th. The last day on which the employee would be eligible to begin COP for this injury would be July 10th. This does not mean that the employee loses eligibility for compensation payments, just entitlement to COP. Once the employee has begun taking COP he/she is entitled to a maximum of 45 calendar days (includes Saturdays, Sundays and holidays). Example: Mr. Smith is injured (broken leg) on March 10, 1979. He would be carried in a full day status that day. His first day of COP would be March 11, 1979. Mr. Smith returns to regular full duty on March 28, 1979. Therefore, he is charged with 17 days of COP, counting each calendar day including Saturdays, Sundays and if appropriate, holidays. He has 28 days of COP remaining (45-17-28). The law allows six months from the first full working day on which the employee returns to work after the



date of injury to use the remaining COP. Therefore, to be entitled to the remaining COP, this employee must begin using the remaining days by September 28, 1979, which is six months from his first full day of work following the injury (March 28-September 28). The COP days need not be used in succession. Example: An employee may be required to go to the doctor for therapy treatment two hours a day, three times a week, i.e., Monday, Wednesday, and Friday. However, COP must be charged in one day increments even if the employee works a portion of the day.

(d) Recording COP. The Time and Attendance Record (Form AD-321-3) by use of Transaction Code 67 (OWCP Injury Leave) should reflect the actual hours used and in remarks section of the Attendance Record, information should be maintained of the exact dates, balance and the employee's rate of pay at the time of injury such as follows:

COP March 11 through March 28	45
	- 17
Pay per hour \$_____	_____
Used 136 hours	28 days remaining

Last day of entitlement to COP - September 28 - Enter this information when this date may be determined

If an employee sustains two separate valid traumatic injuries on two separate occasions, the individual is entitled to two separate periods of COP. One increment of COP may not be added to another. If an excessive amount of COP is granted an employee, reimbursement must be made to the FmHA. Therefore, it is very important that precise and accurate records be maintained regarding the use of COP. If the injured individual is not a regular full time employee, i.e., a County Committee person, or has not been employed for a full year immediately preceding the injury, the Employment Officer should be contacted for assistance in determining the rate of pay. In no event shall an employee's qualification for COP be construed as requiring continuation of a person's employment beyond the date it would have ended had the employee not been injured.

§2069.58 Contraversion (denial) or termination of COP. The Employment Officer may, on the basis of the information submitted by the employee, or secured on investigation, deny a claim and terminate COP only if:

- (a) The disability is a result of an occupational disease or illness; or
- (b) The injury occurred off FmHA premises and the employee was not involved in official "off premise" duty; or

(c) The injury was caused by the employee's willful misconduct; the employee intended to bring about the injury or death of him/herself or another person; intoxication was the proximate cause of the injury.

(d) Work stoppage first occurred six months or more following the injury; or

(e) The employee initially reports the injury after his/her employment has been terminated.

(f) The injury was not reported on Form CA-1 within 30 days following the injury; or

(g) The employee is enrolled in the CETA program or other similar Work Study Program in which FmHA does not pay the employee's salary.

§2069.59 Compensation benefits. The amount of compensation payments an employee receives is determined by the employee's wages and whether or not employee has qualified dependents. The term "dependents" includes a wife or husband, unmarried children under 18 years of age (step children, adopted children) or a wholly dependent parent. Children under 23 years of age who are unmarried and are full time students may also qualify if they have not completed four years of schooling beyond the high school level.

When an OWCP claim involves a traumatic injury, compensation is payable after expiration of the COP and a three day waiting period on Leave Without Pay, (LWOP). The three day LWOP waiting period is not required if the traumatic injury causes permanent disability or if the employee's wage loss exceeds 14 days. In a situation involving an occupational disease or illness, compensation is payable after a three day LWOP waiting period. An employee is not eligible to receive compensation if sick or annual leave is being used for the period of disability. However, an employee may elect to use sick or annual leave to avoid interruption of income. If leave is taken and the claim for compensation is subsequently approved, the employee may arrange to buy back the leave used and have it credited to his or her account. For additional information on buying back leave see §2069.61. If the employee makes an election to use the buy back of leave route, a detailed record of the dates and hours used in connection with the injury should be maintained by the employee. This will be most beneficial since the leave records must be changed to LWOP in order for the leave to be restored.

§2069.60 Maximum and minimum compensation. The maximum monthly rate of compensation may not exceed 75 percent of the monthly pay of the highest step for GS-15. The minimum monthly rate of compensation may not be less than 75 percent of the first step of GS-2. However, when the employee's

actual pay is less than 75 percent of the first step of GS-2, the minimum amount of compensation would be the actual monthly rate of pay.

(a) Types of disability and payments.

(1) Temporary total disability. Compensation equals 66 2/3 percent of the employee's pay, or 75 percent when there are dependents. The employee may use sick or annual leave to cover all or part of the absence. Compensation will not be paid until the use of leave has ceased.

(2) Permanent total disability. Compensation is payable until death unless the employee is medically or vocationally rehabilitated. Compensation equals 66 2/3 percent of the employee's pay, or 75 percent when there are dependents. Additional compensation not to exceed \$500 per month may be allowed when the services of an attendant are constantly required. Examples of permanent total disability include loss of, or loss of use of both arms, legs, feet, or vision.

(3) Partial disability. When unable to return to usual employment due to partial disability as a result of an accident, the injured employee may receive compensation based on loss of wage earning capacity, at a rate of 66 2/3 percent, or 75 percent of pay if there are dependents. Such compensation is payable so long as there is a loss of wage earning capacity as determined by OWCP.

(b) Scheduled awards. Compensation is payable for specified periods of time for the total or partial loss or loss of use, of certain members, organs, and functions of the body (Exclusions: brain, back and heart). In serious injury cases or when COP is exhausted, OWCP requires the submission of the Form CA-7, "Claim for Compensation on Account of Traumatic Injury." If disability continues, the use of Form CA-8, "Claim for Continuing Compensation on Account of Disability" is also required. This benefit is payable in addition to, but not concurrently with, compensation for temporary total or temporary partial disability payments or payments for loss of earnings capacity. Compensation may equal 66 2/3, or 75 percent of pay if there are dependents. Compensation not to exceed \$3,500 may be paid for serious disfigurement of the face, head, or neck if it is likely to handicap a person in securing and maintaining employment. Compensation for loss of wage earning capacity may be paid after the scheduled award expires. A scheduled award may be paid concurrently with an Office of Personnel Management retirement annuity.

(c) Vocational rehabilitation. Vocational rehabilitation, job counseling and placement assistance may be provided an injured employee who is unable to return to usual employment because of permanent disability. Additional compensation not to exceed \$200 per month may be

allowed when necessary for maintenance of the employee while in an approved training course. The employee will also be paid at the rate of total disability while enrolled in an OWCP-approved training course.

§2069.61 Buy back of leave. To avoid interruption of income pending receipt of a decision from OWCP, an employee may elect to use either annual or sick leave for time loss due to a job-related injury, disease or illness while applying for compensation payments. In order to buy back leave, the following events/actions must take place:

(a) A claim for compensation must be made and approved by the OWCP.

(b) The employee must request the Employing Officer to provide OWCP a record indicating the dates and hours of leave used; amount of salary paid to the employee and a statement that the records have been changed to reflect leave without pay for the appropriate periods. The compensation to which the employee is entitled will only pay a part of the buy-back costs; the employee will be required to pay the balance. The amount the employee will be required to pay will depend on several factors, such as the length of the period of disability and the amount of Federal income tax which is withheld from leave pay. However, the employee may elect one of the following methods to buy back leave:

(1) Authorize OWCP to reimburse the agency direct and pay the difference through a cash payment;

(2) Receive reimbursement direct from OWCP and allow the agency to make a one time deduction from the payroll salary check for the total sum due;

(3) Make a cash reimbursement direct to the agency for the total sum due and receive reimbursement direct from OWCP;

(4) Receive reimbursement direct from OWCP and execute an installment agreement allowing the agency to make regular recurring salary deductions until the total amount due is paid in full.

The MODE Manual, Chapter VI, Payroll Adjustments and Form AD-343, "Payroll Action Request," Subsection A-14, provides additional instructions as to how to process buy back of leave actions.

§2069.62 Transportation. OWCP will make reimbursement for transportation by private vehicle where no public conveyance is available or where the physical condition of the injured employee requires the use of special conveyance. Requests for reimbursement should be made on the AD-616, "Travel Voucher," which is sent directly to the OWCP District Office processing the injury claims.

§2069.63 Deductions. No deductions for retirement or regular life insurance will be made while the employee is receiving OWCP disability compensation. Deductions are also not made for Federal income tax. However, deductions are made for the Federal Employees Health Benefit Program and optional life insurance.

§2069.64 Death. When an employee dies as a result of an injury, illness or disease attributable to employment, the payments outlined below will be provided:

(a) Dependents. When there are no children, the employee's widow or widower may receive compensation equal to 50 percent of the employee's pay until death or remarriage. If remarriage occurs before the age of 60, the widow or widower will be paid a lump sum equal to 24 times the monthly compensation being paid on his or her behalf. If remarriage occurs after age 60, no lump sum will be paid and compensation will be paid until the beneficiary's death. When there are children, compensation for the widow or widower shall equal 45 percent of the employee's pay plus 15 percent for each child, not to exceed 75 percent of the employee's pay. A child may receive compensation until the age of 18, or until marriage, whichever comes first. A child incapable of self-support may receive compensation until capable of self-support. If unmarried, a child who is a student at age 18 may continue to receive compensation until the age of 23, or through 4 years of school beyond high school level. Compensation terminates upon marriage or death. Compensation may also be paid on behalf of dependent parents, grandparents, brothers, sisters and grandchildren if their dependent status can be documented.

(b) Burial. A sum not to exceed \$800 may be paid for funeral and burial expenses. Costs of transporting remains may be paid if the employee lived in the United States and dies away from home, official duty status, or outside the United States. An additional sum of \$200 may be paid to the decedent's personal representative as reimbursement for costs incident to terminating the decedent's status as a Federal employee. The Business Services Division will provide assistance regarding the agency's responsibilities in these types of cases.

§2069.65 Assisting dependents. In cases wherein an employee sustains a fatal injury and/or an occupational disease causes death, the supervisor and/or the Employment Officer should immediately initiate and submit:

(a) The Form CA-6, "Official Superior's Report of Employee's Death." When this form is used to report death, neither the Form CA-1 nor CA-2 are required.

(b) Attach a certified copy of the death certificate to the Form CA-6 or forward to OWCP shortly thereafter. Upon receipt of the Form CA-6,

the OWCP District Office will provide special forms and instructions for dependents to claim compensation.

(c) The Supervisor and/or Employment Officer should assist the dependents in preparing and submitting the information required by OWCP. Dependents will be required to submit notarized copies of certificates such as marriage, death, children's birth. These copies must bear the stamp of the custodian of such records, such as county recorder or State registrar.

§2069.66 Dual benefits. As a general rule, a person may not receive compensation from OWCP while receiving a retirement or survivor annuity from the Office of Personnel Management (OPM). Therefore, if the employee is eligible, a claim should be made to both OWCP and OPM for disability and/or survivor benefits to determine which offers the best monetary benefits. However, if OPM benefits are elected, the cost of all medical treatment may be paid for by the OWCP relating to the job-injury.

An employee may receive compensation concurrently with military retirement pay, retainer pay, or equivalent pay for service in the armed forces or other uniformed services.

§2069.67 Civil Service retention rights. These rights are under the jurisdiction of the OPM (Federal Personnel Manual Chapter 353). Disabled FmHA employees who return to work shall have the time during which they received compensation credited to them for purposes of within-grade step increase, retention rights, and all other rights and benefits based on length of service.

FmHA employees who overcome their injury or disability within one year after the date on which disability compensation began have the right to return to their former or an equivalent position. All rights which employees would have required had they not been injured or disabled shall be credited to them. If disability lasts over the one year period and there are indications that the employee may be able to return to work, additional periods of LWOP may be granted. However, if the review indicates the employee will not or cannot return to work, the employee should be counseled concerning retirement, resignation, etc. If this action fails, appropriate steps may be taken to separate the employee.

§2069.68 Cases involving third party liability. The OWCP reserves the right to recover damages in any case of injury or death caused under circumstances creating a legal liability upon someone other than the United States. FmHA employees claiming compensation shall not attempt to settle a third party claim arising out of an injury or death without obtaining advice and approval from the Solicitor of Labor. The appropriate OWCP District Office will provide guidance or refer the employee to the Associate Counsel for Employees' Compensation.

§2069.69 Hearings, reconsideration and appeals. An FmHA employee may request a hearing, reconsideration or appeal regarding an OWCP decision. However, such action is the responsibility of the employee. The supervisory official should put forth an effort to insure that the employee is aware of these rights. Pertinent instructions regarding these processes are outlined below:

(a) Hearings. An employee who is not satisfied with an OWCP decision may request a hearing before an OWCP representative. Such requests are to be made by the employee to the Director of OWCP within 30 days of the decision. Write to: Director, Office of Workers' Compensation Programs, U.S. Department of Labor, Employment Standards Administration, Washington, D.C. 20211. The hearing will be held at a location convenient to both the employee and OWCP. OWCP will issue a decision following the hearing.

(b) Reconsideration. An employee can request OWCP to reconsider any determination by directing a written request for consideration to the Director of OWCP (see address in (a) above). Such requests must state clearly the grounds upon which it is based and present evidence not previously submitted (i.e., new medical reports and affidavits). There are no time limitations on filing a request for reconsideration and no special forms are required.

(c) Appeals. FmHA employees may request the Employees' Compensation Appeals Board to review final OWCP decisions affecting them by filing a written appeal at the following address:

U.S. Department of Labor  
Employees' Compensation Appeal Board  
Washington, D.C. 20210

Form AB-1, "Application for Review," is to be used to file an appeal. (Contact the appropriate district office of the OWCP for these forms). Appeals are to be filed within 90 days of the final OWCP decision by claimants residing within the United States or Canada, and within 180 days by claimants residing elsewhere.

The Board will render a decision based upon the existing case file and will not accept new evidence for consideration.

§2069.70 Completion of OWCP forms. The importance of accurately completing and promptly submitting the proper OWCP Forms cannot be overemphasized. Exhibit B provides a general outline of the purpose and the individual responsible for submitting the various OWCP forms. Generally, the OWCP forms include detailed completion instructions and should be reviewed prior to their completion. The employee's official headquarters location will determine which OWCP District Office will process the claim.

(a) Distribution. The original and two copies of the Form CA-1, CA-2 and CA-3, "Report of Termination of Total or Partial Disability," or "Report of Death," to the Employment Officer. In accordance with Federal Personnel Manual Supplement Chapter 293-31, Subchapter 5, the originals of the Forms CA-1 and CA-2 should be filed on the permanent - right side of the Official Personnel Folder, when a report is not submitted to the OWCP. No report is made to the OWCP when the employee does not lose time as a result of the incident and/or no medical expense or medical treatment is involved. Therefore, this action will insure a complete history of each job-related injury, disease or illness no matter how slight the injury and provide a means for protecting the employee's rights if a need for medical attention or loss of time from duty later comes about. When the employee loses time from duty, incurs medical expenses and/or obtains medical treatment, then the Forms CA-1 and CA-2 should be promptly submitted to the OWCP. A copy of the Form CA-1 and/or CA-2 should be maintained in the office file number 2069. All CA Forms submitted to OWCP must carry the Agency Identification Code Number "8601." This Code should be either stamped or written in RED pen or pencil in a conspicuous location on the form. (Revised 4-16-86, PN 7.)

(b) Additional reporting requirements. If an FmHA employee, while performing official duties, is involved in an accident which causes substantial property damage (over \$2,000) a fatality or serious injury to either the employee or private property or persons, the supervisory official should immediately telephone the Employment Officer. The Employment Officer is responsible for (1) notifying the Office of the General Counsel, (2) requesting an investigation by the Office of Investigation and (3) notifying the Personnel Division, Employee Relations Branch.

(c) Office of Safety and Health Management. If a job-related accident occurs and results in a fatality to one or more employees, the hospitalization of five or more employees, or involves property damage of one hundred thousand dollars (\$100,000) or more, the Employee Relations Branch is required to contact the Department Safety Officer, Office of Safety and Health Management within 48 hours after the occurrence or first knowledge thereof. Promptly thereafter, written notification shall be made to the Department Safety Officer which includes the following data:

- (1) Date of accident;
- (2) Names of persons involved;



- (3) Location of accident;
- (4) Extent of injuries to each person involved;
- (5) Brief narrative explaining how the accident happened; and
- (6) Actions taken and if any amount of property damage.

§2069.71 Responsibilities.

(a) Supervisory Officials. Each FmHA supervisory official has the following responsibilities in administering the benefits provided under the FECA:

- (1) Insuring that the employee receives prompt and appropriate medical attention.
- (2) Having an up-to-date knowledge of compensation benefits and insuring that their subordinates know how to properly report jobrelated traumatic injuries and occupational diseases or illness.
- (3) Properly completing and submitting appropriate injury forms in an expeditious manner.
- (4) Maintaining an up-to-date supply of the accident reporting forms outlined in Exhibit A.
- (5) Attempting to determine the cause of the accident and, as appropriate taking and/or recommending corrective action.
- (6) Insuring that the poster entitled, "What a Federal Employee Should Do When Injured at Work" (Form CA-10) is displayed in a conspicuous place in the office.

(b) Employment Officers. State and Finance Office Employment Officers and/or their designee and the Director, Personnel Division are responsible in their respective jurisdictional areas for:

- (1) Providing a copy of Pamphlet CA-11, "When Injured at Work" and CA-13 "Work Injury Benefits for Federal Employees" to each new employee when entering on duty.
- (2) Instructing supervisors of their responsibilities in handling injury cases and providing up-to-date information regarding any changes in OWCP benefits which affect employees.

(3) If requested, determining the "buy back" costs of leave used by employees in cases wherein eligibility for compensation has been determined.

(4) Maintaining permanent records of all injuries sustained within their jurisdiction and taking/recommending appropriate disciplinary action.

(5) Providing training and periodic informational material to employees and supervisory training regarding the reporting requirements and benefits of the FECA.

(6) Determining the rate of continuation of pay in cases involving intermittent, while actually employed, and other irregular employees.

(c) Chief, Employee Relations Branch.

(1) Receiving and reviewing copies of all reports of injuries sustained by FmHA employees.

(2) Coordinating with personnel officer, supervisory officials of injured employees and the OWCP with respect to injury cases.

(3) Providing up-to-date instructions to personnel officers and supervisory officials regarding changes in the FECA laws.

(4) Providing assistance and advice concerning the processing of individual injury cases and compensation benefits.

(5) Supplying the Office of Safety and Health Management with information and data on cases involving fatalities.

(6) Maintaining suitable permanent records of all accidents involving FmHA employees.

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Statement of employee injured in travel status:

(1) Points between which travel was being performed: Home of Farmers Home Administration borrower Hiram A. Snodgrass (located on County Highway #6, 4 miles from Middletown) and County Office in Middletown.

(2) Purpose of trip: Interview Mr. Snodgrass regarding his current farming operations.

(3) Time and place last official duty was performed: 4:3 p.m. at Snodgrass farm.

(4) Time and place next official duty would have been performed had injury not occurred: 5:00 p.m., Farmers Home Administration County Office, Middletown.

(5) The route traveled was the most direct between the Snodgrass farm and Middletown. Highway #6 connects the two points.

(6) I was using my personally owned car.

(7) Expenses for the travel are reimbursable.

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HARRY BROWN  
County Supervisor

I certify the statements above are correct to the best of my knowledge and belief.

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MARGARET J. JONES  
District Supervisor

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Exhibit B not automated see manual

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PRIVACY ACT OF 1974 NOTICE

In accordance with the Privacy Act of 1974 (P.L. 93-579, 5 U.S.C. 552a), you are hereby notified that: (1) the Federal Employee's Compensation Act, as amended (5 U.S.C. 8101 et seq.), is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the office receives and maintains personal information on claimants and their immediate families; (2) the information will be used to determine eligibility for and the amount of benefits payable under the Act; (3) the information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10; (4) furnishing all requested information will facilitate the claims adjudication process, and the effects of not providing all or part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (disclosure of social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled.)

THIS NOTICE SHOULD BE RETAINED FOR YOUR INFORMATION.

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OFFICE OF WORKERS' COMPENSATION PROGRAMS

District Offices

<u>Location</u>	<u>Jurisdiction</u>
450 Golden Gate Avenue P. O. Box 36066 San Francisco, California 94102 Telephone: (FTS) 8-556-6183 Non-FTS: (415) 556-6183	ARIZONA, CALIFORNIA, and NEVADA
Drawer 3558, Federal Building 1961 Stout Street Denver, Colorado 80202 Telephone: (FTS) 8-326-5402 Non-FTS: (303) 837-5402	COLORADO, MONTANA, NORTH DAKOTA, SOUTH DAKOTA, UTAH, and WYOMING
400 West Bay Street P. O. Box 35049 Jacksonville, Florida 32202 Telephone: (FTS) 8-946-3426 Non-FTS: (904) 791-3426	ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA, and TENNESSEE
300 Ala Moana Boulevard Room 5108, P. O. Box 50209 Honolulu, Hawaii 96815 Telephone: Dial San Francisco FTS Operator: 9-556-0220, request Honolulu No. 808-546-8336	HAWAII

<u>Location</u>	<u>Jurisdiction</u>
230 South Dearborn Street Eighth Floor Chicago, Illinois 60604 Telephone: (FTS) 8-353-5650 Non-FTS: (312) 353-5650	ILLINOIS, MINNESOTA, and WISCONSIN
Hale Boggs Federal Building 500 Camp Street, Room 840 New Orleans, Louisiana 70130 Telephone: (FTS) 8-682-6135 Non FTS: (504) 589-6135	ARKANSAS and LOUISIANA
John F. Kennedy Bldg., Room 1800 Government Center Boston, Massachusetts 02203 Telephone: (FTS) 8-223-6755 Non-FTS: (617) 223-6755	CONNECTICUT, MAINE, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND, and VERMONT
1910 Federal Office Building 911 Walnut Street Kansas City, Missouri 64106 Telephone: (FTS) 8-758-2723 Non-FTS: (816) 374-2723	IOWA, KANSAS, MISSOURI, and NEBRASKA
1515 Broadway (at West 44th) Room 3324 New York, New York 10036 Telephone: (FTS) 8-662-5501 Non-FTS: (212) 399-5501	NEW JERSEY, NEW YORK, PUERTO RICO, and the VIRGIN ISLANDS

Location

1240 East 9th Street  
Room 867  
Cleveland, Ohio 44199  
Telephone: (FTS) 8-293-3803  
Non-FTS: (216) 522-3803

Gateway Building, Room 15100  
3535 Market Street  
Philadelphia, Pennsylvania 19104  
Telephone: (FTS) 8-596-1431  
Non-FTS: (215) 596-1431

4010 Federal Office Building  
909 First Avenue  
Seattle, Washington 98174  
Telephone: (FTS) 8-399-5521  
Non-FTS: (206) 442-5521

555 Griffin Square Building  
Room 100  
Griffin and Young Streets  
Dallas, Texas 75202  
Telephone: (FTS) 8-729-4718  
Non-FTS: (214) 767-7418

McLachlen Building, Room 405  
666 - 11th Street, N.W.  
Washington, DC 20211  
Telephone: (FTS) 8-724-0702  
Non-FTS: (202) 442-5521

Jurisdiction

INDIANA, MICHIGAN, and  
OHIO

DELAWARE, PENNSYLVANIA, and  
WEST VIRGINIA

ALASKA, IDAHO, OREGON, and  
WASHINGTON

NEW MEXICO, OKLAHOMA, and  
TEXAS

DISTRICT OF COLUMBIA,  
MARYLAND, and VIRGINIA

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